

RESOLUTION 21-42

**A RESOLUTION TO AUTHORIZE CONTRACT FOR APPLICATION OF
A HIGH-PERFORMANCE LINING SYSTEM FOR THE OXIDATION BASIN AT
THE WASTEWATER TREATMENT PLANT**

WHEREAS, the Oxidation Basin at the Wastewater Treatment Plant requires repairs of concrete and surface deficiencies and removal and disposal of existing sludge; and

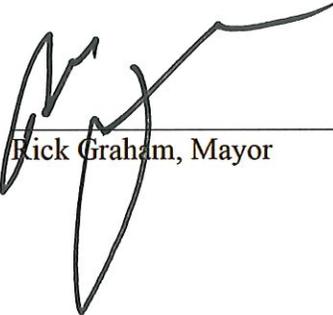
WHEREAS, the total budget of the entire oxidation basin is \$2,742,000.00, which is a (may want to estimate percentage of project here) portion of the repair project.

WHEREAS, a Request of Proposals was advertised and responses were received on March 3, 2021; and

WHEREAS, city staff and engineering consultant has reviewed the proposals and recommends awarding the contract for application of High-Performance Lining System for the Oxidation Basin at the Wastewater Treatment Plant to Suez Advanced Solutions in the total amount of \$773,160.00.

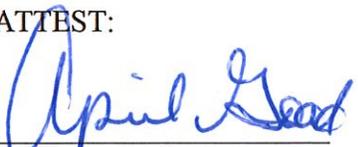
NOW, THEREFORE, BE IT RESOLVED, that the City of Spring Hill Board of Mayor and Aldermen award the contract for application of a High-Performance Lining System for the Oxidation Basin at the Wastewater Treatment Plant to Suez Advanced Solutions, in the total amount of \$773,160.00, as defined in the attached specifications and contract documents.

Passed and adopted by the Board of Mayor and Aldermen of the City of Spring Hill, Tennessee, on the 15th day of March 2021.



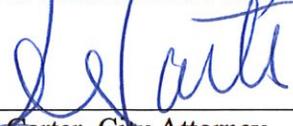
Rick Graham, Mayor

ATTEST:



April Goad, City Recorder

LEGAL FORM APPROVED:



Patrick Carter, City Attorney

SECTION III – HIGH PERFORMANCE LINING SYSTEM, PRICE QUOTATION

The bid shall be for furnishing and installing the oxidation basin and designated areas with a high-performance watertight lining system. In addition to the high-performance lining system, removal and proper disposal of accumulated water, sludge and debris within the oxidation basin and designated areas for coating will be required. Once all materials are removed then a thorough cleaning of the basin is to be performed. All cracks and deficiencies shall be repaired prior to application of the high-performance coating system. Adequate cure times, temperature and weather conditions and other factors shall be adhered to.

All work shall be coordinated with the WWTP Manager (Travis Massey) as to allow the WWTP to be fully functional and the treatment process be uninterrupted. By-pass pumping from the 2nd Anoxic Stage to the Outlet Chamber for draining, cleaning, and coating of the Reaeration Stage will be required. No separate payment will be allowed for by-pass pumping.

BID ITEM:

All materials shall be installed per manufactures standards. Tnemec Series 218 Mortar-Clad (or approved equal) high-performance, aggregate reinforced material for surfacing, patching, and filling voids and bugholes in concrete substrates followed by a top-coat with CIM 1000 (or approved equal). All products listed are NOT intended to be sole sourced or proprietary and are listed as suggested products which have been reviewed and determined to be an acceptable product for the application. The product suggested meets the intent of its application and is expected to perform within the environment it is being placed for the warranty period specified. Should the bidder wish to utilize another product, the submittal must clearly show the product’s specification and its equivalency along with a credit to the bid amount. After review, certain alternate products may be deemed either satisfactory or unsatisfactory for the required application. The below identified items and estimated quantities are to be verified by the bidder prior to bid submittal and during his site visit to the WWTP.

BASE BID ITEM

Description of Work Items for the Oxidation Basin (Eastern Basin side only)	Estimated Quantities	Unit Cost	Total Cost
Removal and proper offsite disposal of settled sludge and debris within the eastern Oxidation Basin train and designated areas for coating applications.	Lump Sum	\$132,249	\$132,249
Perform repairs to cracks and surface areas of the Oxidation Basin walls, floor areas, and designated areas of the train to be coated. This work consists of the repairs necessary for preparation for the high-performance lining system application.	Lump Sum	\$55,914	\$55,914
Cleaning, preparation, and coating system installation for the Oxidation Basin interior walls and designated areas including the 2-foot wide floor area at all walls. The estimated quantity of 1,500 SY shall be verified by the contractor prior to submittal of his bid.	Lump Sum	\$547,792	\$547,792
TOTAL PROJECT-LUMP SUM-BID COST (Contractor’s Written Bid in words) <u>Seven-Hundred Thirty-y-</u> <u>Five-Thousand Nine-Hundred Fifty-Five and 00/100 Dollars</u>	<u>\$735,955.00</u>		

ADDITIVE ALTERNATE BID ITEM

Description of Work Items	Estimated Quantities	Unit Cost	Total Cost
An additional one-year warranty on labor and workmanship. This is above and beyond the standard one-year warranty on labor and workmanship.	Lump Sum	\$0.00	\$0.00

Value Engineered Optional Alternatives

Description of Work Items	Estimated Quantities	Unit Cost	Total Cost
Alternate #1: Add remaining interior walls of second (2nd) anoxic tank	Lump Sum	\$18,184	\$18,184
Alternate #2: Add remaining interior walls of reaeration tank (no outlet chamber)	Lump Sum	\$19,021	\$19,021

In compliance with the conditions stated above and attached specifications and conditions, the undersigned offers, and agrees, if this bid is accepted within 90 days from opening date, to furnish and install all items at the prices set above. This agreement will be effective for 18 months from the date of the contract execution.

OWNER CITY OF SPRING HILL

CONTRACTOR: Utility Service Co., Inc. (a SUEZ company)

By: _____
Mayor

By: Catherine Ricou Catherine Ricou, President

Attest: April Good
City Clerk

Attest: John M Sarris John M. Sarris

Address for giving notices

Address for giving notices
1230 Peachtree Street NE, STE 1100

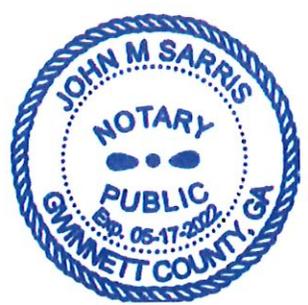
P.O. Box 789

Atlanta, GA 30309

Spring Hill, TN 37174

Agent for service to process: Bert Gore

License No. (If CONTRACTOR is a corporation, attach evidence of authority to sign.)



MY COMMISSION EXPIRES
MAY 17, 2022



STATE OF TENNESSEE
DEPARTMENT OF
COMMERCE AND INSURANCE



UTILITY SERVICE COMPANY, INC.

360866

ID NUMBER: 14995
LIC STATUS: ACTIVE
EXPIRATION DATE: September 30, 2021

BOARD FOR LICENSING CONTRACTORS
CONTRACTOR

THIS IS TO CERTIFY THAT ALL REQUIREMENTS
OF THE STATE OF TENNESSEE HAVE BEEN MET

UTILITY SERVICE COMPANY, INC.
P.O. BOX 1350
PERRY, GA 31069

State of Tennessee

360866 11847541

BOARD FOR LICENSING CONTRACTORS

CONTRACTOR

UTILITY SERVICE COMPANY, INC.

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 14995
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UNLIMITED; MU-A; MU-C; MU-D; S-C; S-D



IN-1313
DEPARTMENT OF
COMMERCE AND INSURANCE

Secretary of State

Division of Business Services

312 Eighth Avenue North

5th Floor, William R. Snodgrass Tower

Nashville, Tennessee 37243

DATE: 12/28/01
REQUEST NUMBER: 4378-0138
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 12/27/01 1230
EFFECTIVE DATE/TIME: 12/27/01 1230
CONTROL NUMBER: 0419227

TO:
CT CORP SERV
1201 PEACHTREE ST
NE S-140
ATLANTA, GA 30361

RE:
UTILITY SERVICE CO., INC.
APPLICATION FOR CERTIFICATE OF AUTHORITY -
FOR PROFIT

WELCOME TO THE STATE OF TENNESSEE. THE ATTACHED CERTIFICATE OF AUTHORITY HAS BEEN FILED WITH AN EFFECTIVE DATE AS INDICATED ABOVE.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DATE OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. PLEASE PROVIDE THIS OFFICE WITH WRITTEN NOTIFICATION OF THE CORPORATION'S FISCAL YEAR. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE REVOCATION OF ITS CERTIFICATE OF AUTHORITY.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE.

FOR: APPLICATION FOR CERTIFICATE OF AUTHORITY - ON DATE: 12/27/01
FOR PROFIT

FROM:
C T CORPORATION SYSTEM (ATLANTA, GA.)
1201 PEACHTREE ST NE
SUITE 1240
ATLANTA, GA 30361-0000

RECEIVED: FEES \$600.00 \$0.00
TOTAL PAYMENT RECEIVED: \$600.00
RECEIPT NUMBER: 00002975397
ACCOUNT NUMBER: 00000009



Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/25/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, INC.
445 SOUTH STREET
MORRISTOWN, NJ 07962-1966
Attn: Morristown.CertRequest@marsh.com Fax: 212-948-0979

CONTACT NAME:
PHONE (A/C, No, Ext): _____ **FAX (A/C, No):** _____
E-MAIL ADDRESS: _____

CN102425067-USG-GAW-21-22

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Everest National Insurance Company	10120
INSURER B : Everest Premier Insurance Company	16045
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Suez Advanced Solutions, LLC
Utility Service Co., Inc.
PO Box 1350
Perry, GA 31069

COVERAGES **CERTIFICATE NUMBER:** NYC-011048825-01 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			RM5GL00017-211	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 5,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			RM5CA00013-211 (AOS)	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			RM5CA00025-211 (MA)	01/01/2020	01/01/2021	BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RM5WC00021-211 (AOS)	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
B	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			RM5WC00022-211 (MA, WI)	01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$ 5,000,000
B	<input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below.		N/A	RM5WC00047-211 (FL, ME, NJ)	01/01/2021	01/01/2022	E.L. DISEASE - EA EMPLOYEE	\$ 5,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: High-Performance Lining WWTP
Certificate holder is included as additional insured (except workers compensation) where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Spring Hill, TN ATTN: April Goad, City Recorder P.O. Box 789 Spring Hill, TN 37174	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>